U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
E READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
- O DAY	
1. File Number U - 55	2. Fiscal Year Covered From:
	1/1/2004 Through: 17/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name LAWRENCE D MORRIS	Name Indumorkens Local Union up. 512
	Labor Organization File Number 03み-158
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 851 PIERCE BUTLER ROUTE	Street 851 Pience Butlen Route
City ST. PAUL	City ST: PAUL
State M.N. ZIP Code + 4 55104 - ]634	State M.V. ZIP Code + 4 55104-1634
5. Position in labor organization.  BUSI VCSS REPRESEV	tative
Enter appropriate data below If, during the past fiscal year, you or your spot	use or minor child directly or indirectly had any of the following interests
	isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed	Lauren	<u>D.</u>	morris	

On 7-31-05

b51-489-1488

Date

Telephone Number

Name of Person Filing LAWRENCE D. MORRIS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name TROWWONKORS LOCAL 793 TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box, 16 3-00  Street  City Phoenix  State Az. ZIP Code + 4 85011-6300  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	9. Business deals with:    X   a. Labor Organization     b. Trust     c. Employer    11.a. Nature of such dealing.    ACTS   AS   ERISA   TRUST   FUNDS     FOR   PARTICIPANTS
Street	11.b. Approximate dollar value of such dealing. UNよりかい
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	Meals provided in convection with ATTENDANCE AT INDUMPRIZERS LOCAL 793 TRUST FUNDS TRUSTED MTGS. ON 4/03/04 & 7/16/04 in BISMANCK N. DAK.
	12.b. Amount. \$33
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.  14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	The state of paymon.
Form LM-30 (2003) Page	2/7 Page 2 of 2

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwise of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly or indirectly dealing with your labor organization or with a trust in which your labor organization.  8. Name and address of Business (including trade name, if any).	rise dealing with the business ely seeking to represent, or rectly to, or otherwise
8 Name and address of Business (including trade name, if any)	9. Business deals with:
Name TWIN City Inonworkens Appr. ETDUG. Found  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 500  Street 3001 Mctho Drive  City Blooming tow  State MN. ZIP Code + 4 55435-1412	a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Provides Apprentice Training &
Trade Name, if any:	Fourvey MAN SKILL UPGRAGING Services.
P.O. Box, Bldg., Room No., if any	30.651.0041
Street	11.b. Approximate dollar value of such dealing. 200,000
O.F.	12.a. Nature of interest held or income received.
State ZIP Code + 4	meal Provided in Connection with Investigation and Review of Potential sites to house the Apprentice Training program in the Atture.

Name of Person Filing LAWRENCE D. MORRIS	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name INDNWORKERS LOCAL 793 TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 16000  Street  City Phoemix  State A 2 ZIP Code + 4 85011-6000	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  ACTS AS ERISA TRUST FUNDS  FOR PARTICIPANTS	
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Box Lunch Provided in Councetion  with Attendance At Indumonians  Local 793 Trust Funds Trustee  MTG. ON 10/03/04 IN Bloomington,  MN.	
	12.b. Amount. # 10	

.

Name of Person Filing LAWRENCE D. MORRIS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name IRONWORKERS WEAL 793 TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 16200  Street  City Phoevix  State A 2 ZIP Code + 4 85011-6200	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ACTS AS ERISA TRUST FUNDS
Trade Name, if any:	for PARTICIPANTS.
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.  Reimbursement of expenses in connection with Attendance at Indumonment Local 293 TRUST FUNDS TRUSTER MTGS. ON 1/23/04 in Denucr Co. & 10/03/04 in Bloomington, MN. (See Delow)
	12.b. Amount. 91133
1/83/04 Trustec Mtg. 10 Denver Co.	Bloomington, Mr.
AIRFARE \$335 LODGICY \$350 MEDIS \$55 CRUNDY TRANSPORTATION \$10	AIR-FARE #315 LODGING #82 MEALS COUNTRIES #88
d PARKING #720 Page	STANKING \$ 402

Name of Person Filing LAWNENCE D. Monnis		le Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name The Segal Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 750  Street b300 So. Syracuse Way  City Englewood  State Co. ZIP Code + 4 80111-7303	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name I NOWWORKERS LOCAL 793 TRUST FUNDS	1	UARIAL SCHUICES TO
Trade Name, if any:	Applicable -	Trust Fuuds
P.O. Box, Bldg., Room No., if any P.O. Box 16300	To compare the com	
Street	<u> </u>	
city Phochix	11.b. Approximate dollar value	
	12.a. Nature of interest held of	ed in Connection with
State 1 2 ZIP Code + 4 85011-630 b	ATTENDANCE A	TINON WORKERS LOCAL  125 TRUSTEE MTGS., OU  120 LO; 4/03/04 \$  15MARCK, ND \$ 10/03/04
	12.b. Amount.	# 90

Medis/Refreshments
1/33/04 - \$30
4/33/04 - \$35
10/33/04 - \$35
10/33/04 - \$35

Page 6/7

Name of Person Filing LAWRENCE D. MORRIS	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name US RANCORD ASSET MANAGEMENT  Trade Name, if any:  P.O. Box, Bldg., Room No., if any US RANCORD CTR. BC-MN-HOSS  Street 800 NICOHET MALL  City MINNEADOLS  State MV. ZIP Code + 4 55403.	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name TROWWOLKERS LOCAL 793 TRUST FOURS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 16200	PROVIDES INVESTMENT PORTCOILD  MANAGEMENT SCRUICES FOR  APPLICABLE TRUST FUNDS.
Street  City Phoevix  State A > ZIP Code + 4 85011 - 6400	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  12.a. Na